Washington State Department of Social & Health Services

MENTAL HEALTH DIVISION

LEVEL II
INVALIDATION STATEMENT

Statement and Criteria of Non-Completion

Do not rescreen.

YES NO	DATE
Medicaid pending ☐ ☐ Medicaid ☐ ☐	

INSTRUCTIONS: This form is to be used only when an evaluator determines that a resident or nursing facility applicant who has been identified as positive on a Level One Identification Screen (ID Screen), does not require a Level II Psychiatric Initial Evaluation, DSHS 14-338, or Follow-Up Resident Review, DSHS 14-339. If a person meets the criteria for serious mental illness he or she must be provided with an evaluation unless any one of the following invalidating conditions apply to that person.

☐ Preadmission level
☐ Current nursing facility resident

IDENTIFICATION

1. NAME LAST	FIRST	MIDDLE	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH

4. FACILITY NAME

5. MAILING ADDRESS

6. IF AT PREADMISSION LEVEL, ADMITTING NURSING FACILITY'S NAME

A Level II Initial Psychiatric Evaluation (DSHS 14-338) or Follow-Up Resident Review (DSHS 14-339) is not required because of one of the following reasons:

CATEGORIES FOR INVALIDATION

☐ 1. The person has been discharged or transferred out of the nursing facility to:

☐ A. Another nursing facility (name): _____

Location/county: _____

☐ B. Non-nursing facility (name): _____

☐ 2. The person is deceased. Date: _____

☐ 3. The person has a primary diagnosis of severe medical illness which results in a level of impairment so severe that he/she could not be expected to benefit from specialized mental health treatment, i.e., acute psychiatric services.
Give medical diagnoses:

☐ 4. The person has a primary diagnosis of dementia as (defined in the Diagnostic and Statistical Manual of Mental Disorders IV), because he/she meets all five of the following criteria (a through e) for dementia, as indicated below.

CRITERIA FOR DEMENTIA

☐ A. The development of multiple cognitive deficits manifested by both 1 and 2 as follows:

☐ 1) Memory impairment (impaired ability to learn new information or to recall previously learned information)

☐ 2) One (or more) of the following cognitive disturbances:

a. Aphasia (language disturbance)
b. Apraxia (impaired ability to carry out motor activities despite intact motor function)
c. Agnosia (failure to recognize or identify objects despite intact sensory function)
d. Disturbances in executive functioning (i.e., planning, organizing, sequencing, abstracting)

☐ B. The cognitive deficits in Criteria A.1) and A.2) above each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.

☐ C. There is evidence from the history, physical examination, or laboratory finding that the disturbance is etiologically related to the following: Alzheimer Disease, Vascular Disease, other General Medical Conditions, persisting effects of substance abuse, or multiple etiologies.

☐ D. The deficits do not occur exclusively during the course of a delirium.

☐ E. The disturbance is not better accounted for by another AXIS I disorder (e.g., major depression, schizophrenia).

INVALIDATION STATEMENT

☐ 5. The person does **NOT** have one of the following diagnoses:

Schizophrenia, including Schizoaffective and Schizophreniform disorder; Major Depression; Mood Disorder Due to Medical condition, Depressive Disorder NOS; Bipolar Disorder; Delusional Disorder; Psychotic Disorder Not Otherwise Specified; Panic or other Anxiety Disorder; or Anxiety Disorder Due to Medical Condition; Somatoform Disorder; or Personality Disorder Due to Medical Condition; Personality Disorder limited to Schizotypal, Obsessive Compulsive; or Borderline Personality Disorder.

☐ 6. The person **DOES** have one (or more) of the diagnoses from Category 5 above; they are as listed:

AND the person **does not** have serious symptoms of mental illness. The person **does not** exhibit any of the symptoms described below in CRITERIA FOR SEVERITY OF SYMPTOMS. The conditions do not apply; **no** boxes are checked.

CRITERIA FOR SEVERITY OF SYMPTOMS

☐ A. Level of impairment: The degree of mental disorder has resulted in functional limitations in major life activities within the past three to six months that were not appropriate for the person's developmental state. An individual typically has at least one of the following characteristics on a continuing or intermittent basis.

- ☐ 1) Interpersonal functioning. The individual has serious difficulty interacting appropriately and communicating effectively with other individuals; has a possible history of altercations, evictions, firing, fear of strangers; avoidance of interpersonal relationships and social isolation.
- ☐ 2) Concentration, persistence and pace. The individual has serious difficulty in sustaining focused attention and concentration in order to complete simple tasks. Requires assistance or makes frequent errors in task completion.
- ☐ 3) Adaptation to change. Serious difficulty in adapting to change, manifested by agitation, exacerbated by signs and symptoms of illness, withdrawal from the situation, or requiring intervention by mental health or judicial system due to difficulties in adapting to change.

☐ B. Recent psychiatric treatment. The person has experienced **one** of the following:

- ☐ 1) **A psychiatric hospitalization in the past two years.**
- ☐ 2) Due to the mental disorder, the person has experienced an episode within the past two years of significant disruption which required supportive services to maintain function, or intervention by mental health or law enforcement officials.

Please note: if any of the conditions in CRITERIA FOR SEVERITY OF SYMPTOMS apply **and the boxes can be checked, the person is not eligible for Level II - Invalidation** Screen because he/she is positive for diagnosis and severity of symptoms of mental illness. **They must receive a Level II Psychiatric Initial Evaluation Screen or Follow-Up Residential Review Screen.**

EVALUATOR CERTIFICATION/INFORMATION	
EVALUATOR'S SIGNATURE	DATE
PRINT EVALUATOR'S NAME HERE	EVALUATOR'S TITLE
AGENCY'S NAME	COUNTY